



MIAMI-DADE COUNTY EMPLOYEE RELATIONS DEPARTMENT FINGERPRINT AND I.D. INFORMATION

Last Name:

First Name:

Initial:

Address:

Apt#:

City:

State:

Zip-Code:

Date of Birth:

Place of Birth:

Sex:

Height:

ft.

In.

Weight:

Lbs.

Eyes:

Hair:

Ethnic Group with which you want to be identified (Please check one).

A. White/Non Hispanic

B. Black/Non Hispanic

C. Hispanic

D. Asian or Pacific Islander

E. American Indian or Alaskan Native

Are you a U.S. Citizen? Yes No

Social Security #: _____ - _____ - _____

Department:

Job Classification:

Date of Hired:

I hereby certify that all statements made are true to the best of my knowledge.

Signature : _____ Date _____